

CRITERIA FOR PRIOR AUTHORIZATION

Demser® (metyrosine)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Demser (metyrosine)

CRITERIA for Demser (must meet all of the following):

- Patient must have a diagnosis of pheochromocytoma
- Patient must be 12 years of age or older
- Dose must not exceed 4 grams per day

LENGTH OF APPROVAL: 6 months